

**Arizona Migrant Education Program 2012
Close Up Program for New Americans
Application for Middle School and High School Student**



Items to be submitted:

1. To be completed by Student with the Parent/Guardian:

- Student information/authorization form - **Requires District Migrant Education Coordinator's signature. (1A)**
- Please provide a recent headshot photograph which will not be returned. **(1A)**
- Parent/Guardian authorization forms – **Requires Parent/Guardian Signature (1B)**
- Student essays - must be typed and double-spaced. **(1C)**
- Parent essay – hand written or typed **(1D)**

2. To be completed by a teacher AND a counselor:

- One letter of recommendation from each. If a student does not see a counselor then a recommendation from two teachers will be accepted. **(2A)**

3. To be completed by the school Principal/Assistant Principal:

- One letter of recommendation. **(3A)**

4. Additional required documents:

- Copy of the student's most current report card or transcripts.
- Copy of the current COE and AZ Attachment (enclose on the last page of this packet)

Completed application deadline is 5:00PM, April 5, 2012. There will be no exceptions to this deadline. Incomplete applications will not be considered.

Submit application packet to:

**Arizona Department of Education
Attention: Mary Frances Haluska, Bin#14
1535 W. Jefferson
Phoenix, AZ 85007**

**Phone: 602.542.5169
mary.haluska@azed.gov
Fax: 602.542.5175**

ARIZONA MEP 2012 CLOSE UP PROGRAM FOR NEW AMERICANS
STUDENT INFORMATION FORM

☐ **High School (9th - 10th - 11th Grade) June 10-16, 2012**

☐ **Middle School (7th or 8th Grade) June 17-21, 2012**

Migratory students applying must be currently eligible for the Migrant Education Program when applying and during the duration of the Close Up Program.

1A

To be completed by student and parent. Please return to District Migrant Education Coordinator.

School District: _____ School: _____

Circle grade (during 2011-2012 school year) 7 8 9 10 11

Student Name: _____

Birth Date: _____ Student T-shirt Size (adult sizes only): _____

Parent/Guardian _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Contact Phone: _____

Any health related needs: _____

Emergency contact name and phone: _____

Name of doctor and phone: _____

Medical Insurance Card Number and Provider: _____
(Please attach a copy of the insurance card with this application.)

Medical alerts/advisories/allergies: _____

District Migrant Education Coordinator Signature: _____

Parent/Guardian Signature: _____

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STUDENT INFORMATION FORM
1A

In the space below, please attach a recent headshot photograph suitable for reproduction.

PLEASE DO NOT FOLD THE PHOTOGRAPH

NAME: _____

ADDRESS: _____

HOME/MESSAGE PHONE: _____

PARENT/GUARDIAN PERMISSION TO USE PHOTOGRAPH (REQUIRED)

PRINT PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

**ARIZONA MEP 2012
CLOSE UP PROGRAM FOR NEW AMERICANS
1B**

Permission to Use Photographs

Subject: Close Up Program for New Americans

Location: Washington, D.C.

I grant the Migrant Education Program of the Arizona Department of Education, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Migrant Education Program and the Arizona Department of Education, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Migrant Education Program of the Arizona Department of Education may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, training tools/videos, illustration, advertising, and Web content.

I have read and understand the above:

Parent Printed Name: _____

Parent Signature: _____

Date: _____

Address: _____

Student Printed Name: _____

Student Signature: _____

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STUDENT INFORMATION FORM
1B

Parent/Guardian Authorization:

As the parent/guardian of _____, I:

Make the following certifications. (Please check as many boxes that apply)

- ☐ I certify that the student can travel legally in the United States without restrictions.
- ☐ Give my permission for him/her to attend the Migrant Education Close Up Program in Washington, DC and participate in all programs activities; and
- ☐ Give my permission to program staff to secure emergency medical, dental or hospital treatment for him/her including administering prescribed medicine as issued by a licensed medical practitioner and or over the counter medicine such as aspirin, Tylenol, cough drops or over the counter medication as needed.
- ☐ I understand that the school district, program staff, the Arizona Migrant Education Program shall NOT be held responsible or liable for any accident that may occur during the program.
- ☐ Understand that my child is responsible for his/her personal costs including luggage fees. Airfare*, hotel costs, and meals during this educational opportunity are paid for by the Migrant Education Program.
- ☐ Have notified the program staff that my child does/does not have a need for medical treatments and/or allergies.

Please list medical treatments or allergies:

Parent/Guardian signature _____ date _____

I, _____ authorize _____ to participate
(Signature of Parent/Guardian) (Name of Student)

in the Close Up Program.

*Students are required to pay for their airfare back to Arizona in the event that Close Up requires the student to leave the program for misbehavior or misconduct.

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STUDENT INFORMATION FORM
1B

Padre/Guardián Autorización:

Como Padre/Tutor de _____, yo:

Doy la siguiente certificación. (Marque todo lo que aplique)

- ☐ Yo certifico que el estudiante puede viajar legalmente en los Estados Unidos sin restricciones.
- ☐ Doy permiso para que él/ella asista a Close Up del Programa Migrante y participe en todas las actividades; y
- ☐ Doy permiso al personal del Programa para que obtengan servicios médicos de emergencia, de hospital o dentista para el/ella, incluyendo la administración de medicamentos recetados por personal médico y/o aspirina, Tylenol, pastillas para la tos y otros medicamentos de farmacia.
- ☐ Yo entiendo que ni el Distrito Escolar, ni el personal del Programa, ni el Programa Migrante del Estado serán responsables por accidentes que pueden resultar cuando mi hijo/hija este participando en el programa.
- ☐ Entiendo que mi hijo/a es responsable por sus gastos personales, incluyendo tarifas de equipaje. Fuera de los costos de pasaje aéreo*, hotel y comidas, durante esta oportunidad educativa es responsabilidad del Programa Migrante.
- ☐ He notificado al personal del programa que mi hijo/a no requiere necesidad de tratamiento médico y no tiene ninguna alergia.

Indique abajo si requiere tratamiento médico o si tiene alergias:

Firma de Padre/Tutor: _____ fecha: _____

Yo, _____ autorizó _____ a participar
(Signatura del Padre/Tutor) (Nombre del estudiante)

en el Close Up de programa.

*El estudiante es responsable por pagar todo el costo de todo transporte de regreso a su hogar si es expulsado del programa por causas de disciplina o de mala conducta.

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STUDENT ESSAYS

1C

Student essays – are to be typed and double-spaced. Please use a separate sheet for each response.

Heading for each sheet:

Student Name and Grade

School District

School Name

1. What does it mean to be a migratory student? How is your life different from the lives of your peers?

2. How has the Migrant Education Program helped you?

3. In what extra-curricular activities and/or community services have you participated over the last year? How would you encourage other students to get involved in such activities?

4. What do you see as your future plans when you graduate from high school?

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**PARENT ESSAY
1D**

Why should my child be selected to attend this program? How will this program benefit my child? **Parent essay may be hand written or typed.**

Student Name _____ Grade _____

School District _____

School Name _____

Parent/Guardian's signature and date

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STUDENT NOMINATION FORM

2A

To be completed by a teacher and counselor. Please return to the District Migrant Education Coordinator.

Name of student nominee: _____

Name of teacher or counselor: _____

Teacher/Counselor's recommendation: (Attach additional pages as needed, maximum 100 words.)

Teacher/ Counselor's signature and date

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CLOSE UP PROGRAM FOR NEW AMERICANS

STUDENT NOMINATION FORM

3A

To be completed by a Principal/Assistant Principal. Please return to District Migrant Education Coordinator.

Name of student nominee: _____

Name of Principal/Assistant Principal: _____

Principal/Assistant Principal recommendation: (Attach additional pages as needed, maximum 100 words.)

Principal/Assistant Principal's signature and date